

STAFF-PROVIDED TRANSPORTATION FORM

I, _____, will be transporting students from
(employee name)
_____ to _____
(campus name)
and back to _____ for a field trip.
(campus name)

Date of trip: _____

Time of Trip: _____ to _____

I have read the FMG (REGULATION): Student Activities: Travel provisions that state: "If a privately owned or rented vehicle is used, the vehicle must be insured, and the operator of the vehicle must be appropriately licensed and insured. The operator of the vehicle will ensure that the number of passengers does not exceed the designated capacity of the vehicle and that each passenger is secured by a safety belt. The owner and/or driver of the privately owned vehicle or the person who leases a vehicle assumes all liability." [See FMG (LOCAL)] (attach proof of insurance)

I, _____, fully understand the policy as it relates to the trip mentioned above and will assume all responsibility related to this form of transportation.

Signature _____ Date _____

Witness _____ Date _____